

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031366

FILING DATE

APPL. NO. 9.

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1	1			
5		1	1			
6		1	1			
7		1		1		
8		1		1		
9		4		4		
10		1		1		
11		1		1		
12		1		1		
13		1	1			
14		4	1			
15		1	Cancelled			
16		1	1			
17		1		4		
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27	1		Cancelled			
28				1		
29				1		
30				1		
31				1		
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TOTAL IND.	3	↓	8	↓		↓
TOTAL DEP.	51	↓	40	↓		↓
TOTAL CLAIMS	54	↓	48	↓		↓

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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS